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2016
ANNUAL STATEMENT
OF COMPENSATION

1. Are you required or did you file a Federal Income Tax Return for 2016? No Yes
 (If no, please sign, date the bottom of this form and return to MainePERS)

(If Yes, also enclose a copy of your signed Federal Income Tax Return (1040, 1040A or 1040-EZ), along with copies of all schedules and forms, such as W-2s, 1099s and self-employment schedules, filed with your Federal Income Tax Return. If you file jointly, you must submit copies for both of you.)

2. Did you have income in addition to your MainePERS benefits during 2016? No Yes

\$ _____ Social Security Disability

\$ _____ Workers' Compensation

\$ _____ Self-Employment

\$ _____ Any Other Sources of Income: _____
 (ex. Rentals, partnerships, farming, contract work etc.)

\$ _____ Wages from Employment with: Employer's Name(s): _____

The 2016 ASC and supporting documentation is due on or before April 17, 2017, unless you furnish MainePERS with a copy of your Federal Extension, pursuant to the ASC packet. The MainePERS extension has the same duration as the Federal Extension. Please ensure all supporting documentation, as outlined in the ASC packet, is attached.

I hereby designate MainePERS as my authorized agent for obtaining any return, report, or other information pursuant to 36 MRS 191(2)(A). This authority includes, but is not limited to, the right to obtain information regarding income tax and earnings, employment, income of any nature, and Workers' Compensation and social security income. This information is required in order for MainePERS to determine and verify annual earnings.

I understand that MainePERS will verify my income and I agree to furnish additional information upon request. I further understand that if requested information is not promptly furnished, my benefits may be interrupted or permanently terminated. §17931, 18531 Please see the ASC packet for further information.

Please be advised that if you exceed your Earnings Limitation you will be required to reimburse MainePERS and if you meet or exceed your SGA amount, your benefits will be terminated. For information concerning these important limitations, please contact MainePERS.

I have read and understand the information provided in the Annual Statement of Compensation Package. **I understand that failure to report all income timely, truthfully and to provide verification as requested by MainePERS may result in temporary or permanent loss of my MainePERS disability retirement benefit.**

Printed Name: _____ **Social Security No.:** _____
 Disability Benefit Recipient

Signature: _____ **Date:** _____
 Disability Recipient or Power of Attorney*

Telephone No.: _____ **E-mail:** _____

* Unless already on file with MainePERS, the signature of anyone other than the benefit recipient must be accompanied by a documentation of the authority making the signature valid (e.g. power of attorney).